Attorney's Docket No. RA 5602 (33012/380/101)		
COMBINED DECLARATION AND POWER OF ATTORNEY		
As a below named inventor, I hereby declare that:		
TYPE OF DECLARATION		
This declaration is of the following type:		
☑ original		
□ design .		
□ supplemental		
□ divisional		
□ continuation-in-part (CIP)		
INVENTORSHIP IDENTIFICATION		
My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor of the subject matter which is claimed and for which are a patent is sought on the invention entitled:		
TITLE OF INVENTION EMBEDDING A SECURITY SUPPORT PROVIDER INTERFACE IN A COMMUNICATION CLASS LIBRARY		
SPECIFICATION IDENTIFICATION		
the specification of which: (complete (a), (b) or (c))		
(a) ☒ is attached hereto.		
(b) □ was filed on as □ Serial No. o / or □ Express Mail No., as Serial No. not yet known		
ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR		

I hereby state that I reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information

which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>Name</u>	Registration Number
John L. Rooney	28,898
Lawrence M. Nawrocki	29,333
Wayne A. Sivertson	25,645
Richard C. Stempkovski, Jr.	45,130
Michael B. Atlass	30,606
Mark T. Starr	28,762

DIRECT ALL CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Unisys Corporation Charles A. Johnson P.O. Box 64942 M.S. 4773 St. Paul, Minnesota 55164 Customer #27516

(651) 635-7702

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Full name of sole or first inventor	Lowell D. Palecek	
Lowell (GIVEN NAME)		Palecek Family (or last name)
Inventor's signature	rell 25 Paleal	
Date May 13, 2004	Country of Citizenship <u>USA</u>	
Residence 2161 Overlake Road, V	White Bear Township, Minnesota 55110	
Post Office Address 2161 Overlake	e Road. White Bear Township, Minnesota	55110